DOCUMENT RESUME

ED 460 448 EC 306 611

AUTHOR	Gandolfo, Cecilia
TITLE	Bridges to Inclusion: Supports for Youth At-Risk with Disabilities.
INSTITUTION	Children's Hospital, Boston, MA. Inst. for Community Inclusion.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.; Administration on Developmental Disabilities (DHHS), Washington, DC.
PUB DATE	1998-00-00
NOTE	5p.; Theme issue.
CONTRACT	H133B30067; 90DN0032
AVAILABLE FROM	Institute for Community Inclusion/UAP, Developmental Evaluation Center, Children's Hospital, 300 Longwood Ave., Boston, MA 02115. Tel: 617-355-5612; Tel: 617-355-6956 (TTY); e-mail: gandolfo_c@al.tch.harvard.edu; Web site: http://www.childrenshospital.org/ici.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Roses and Thorns from the Grassroots: A Series Highlighting Organizational Change in Massachusetts; v3 Sum 1998
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; *Agency Cooperation; *Career Development; Change Strategies; Community Programs; Consultation Programs; *Developmental Disabilities; Disability Identification; Employment Services; *High Risk Students; Integrated Services; Models; *Organizational Change; Postsecondary Education; Program Development; Secondary Education; Self Determination; Staff Development; *Youth Programs

ABSTRACT

This organizational vignette is one in a multi-part series highlighting community providers. This particular issue spotlights Bridge Over Troubled Waters, Inc., of Boston, Massachusetts, an organization that works with youth at risk, many of whom have developmental disabilities. The collaboration between Bridge and the Institute for Community Inclusion (ICI) to develop a program to address the problem of youth with disabilities among the Bridge population is described. Program components included: (1) training to increase the capacity of providers to work effectively with youth at risk with disabilities; (2) a case consultation model in which ICI staff offered feedback, suggestions, and resource recommendations to Bridge staff who identified youth with known or suspected disabilities; (3) an Advisory Committee of representatives from different agencies who were knowledgeable in rehabilitation, secondary and post secondary education, mental health, mental retardation, public health, community health, homelessness, and housing; (4) a monthly seminar series that discussed a particular topic identified by staff; (5) youth support on the career/job search process, including self-determination training; and (6) student portfolios to encourage self-reflection. The outcomes of the Bridge/ICI collaboration and the information gained from the project are identified. (CR)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 460 448

EC 306611

Institute for Community Inclusion (UAP)

BRIDGES TO INCLUSION:

Supports For Youth At-Risk with Disabilities

The Bridge History

In 1970, a group of concerned teachers, physicians, and clergy members began working with youth on the streets. The need for this support was apparent, and over 1000 youth were served during the first year. In 1972, Bridge Over Troubled Waters, Inc. (Bridge) was incorporated to continue to serve runaway, homeless, and other at-risk youth. Since that time, Bridge has grown from a grassroots effort of volunteers to become one of the premier agencies in the country helping adolescents who have run away or have been thrown out of their homes. Many Bridge youth are on the streets and have nowhere else to turn. With Bridge supports, many go on to college, training, good jobs, and fulfilling lives.

Bridge is located in downtown Boston, with satellite residences in Boston neighborhoods. The services offered include: Street Outreach Program, Medical/Dental Services, Counseling, Educational/Pre-employment Program, Transitional Day Program, Pathways Program, and Transitional Housing. Bridge staff spend time out on the streets, in shelters, and in other common meeting areas in order to connect with youth and inform them of supports available to them. A van makes regular stops where volunteer health care professionals provide free medical care to youth who have no other access to medical systems. Also available are the Dental Clinic and Medical Clinic that offer examinations, treatment and follow-up services in the downtown location. Bridge offers individual and family counseling as well as advocacy and a 24-hour hot-line for youth and families in crisis. Through counseling services, staff help youth with substance abuse problems and support them in the pursuit of healthy, productive, and fulfilling lives. In a special counseling component, Bridge offers pregnant and parenting teens information, education, support, counseling, and advocacy assistance. The Educational/Pre-Employment Program offers basic education for students interested in pursuing their GED. Also available is support toward securing jobs, training, and higher educational offerings. Through its Transitional Day Program, targeting youth and young adults who are homeless and use the shelter system or live on the streets, Bridge offers a loosely structured, easily accessible array of activities, discussion groups, drop-in workshops, and opportunities for participation. The aim is to gain youths' trust and increase their motivation to enter other Bridge services. The Bridge Pathways Program focuses on specific skill training for future employment opportunities. Bridge offers residential services through the Single Parents House, the Transitional Living Program, and the Cooperative Apartments. In all of these settings, youth live in a safe and supportive environment which is realistically affordable given their typical earnings. The environments allow them to develop skills in independent living, education, work, communication, and nutrition. The goal is for youth to become more self-sufficient while encouraging them to maintain contact with their supports.

About The Series

This organizational vignette is one in a multi-part series that the Institute for Community Inclusion has developed highlighting community providers with whom we have worked, whose efforts have been exemplary in terms of services and outcomes for people with disabilities. Each issue features one organization whose work the Institute believes to be outstanding from a national perspective and whose story can provide other community rehabilitation providers with effective strategies for improving their services. Each of these organizations has welcomed the advice, consultation (and criticism) of Institute staff and labored hard to form an effective technical assistance partnership in their efforts to make these changes.

The success that each of these service providers has achieved in the community employment process must be credited to the energy, motivation, strength, and resiliency of the people with disabilities, who have risked much more and worked much harder than any of us in taking steps to employment. Only after acknowledging that, can we as community rehabilitation organizations and training and technical assistance centers take justifiable pride in whatever accomplishments have been achieved. This issue spotlights Bridge Over Troubled Waters, Inc., of Boston, an organization working with youth at risk, many of whom have developmental disabilities.

BEST COPY AVAILABLE

The Catalyst for the Bridge/ICI Collaboration

Over time, Bridge staff became concerned that the youth they served had increasingly complex needs. Staff were identifying situations where methods that were successful in the past were less effective with this growing number of youth. While Bridge staff are skilled at the identification of needs and services to youth, they were struggling with a group who seemed to be "falling through the cracks." Two questions were raised by staff members: 1) "What are the differences in this group of youth? 2) Might there be unsuspected disabilities present that are having an impact on their ability to use services successfully?" In 1995, Bridge's Executive Director, Barbara Whelan, met with William Kiernan, the Director of the Institute for Community Inclusion (ICI), a University Affiliated Program (UAP), at Children's Hospital in Boston, which has specific expertise in the disability and employment arenas. They decided to work together on development of a project to address the problem of youth with disabilities among the Bridge population. This collaboration led to funding through the Administration of Developmental Disabilities (ADD) and the Family and Youth Services Bureau (FYSB), both of which are within the Administration for Children and Families, US Department of Health and Human Services. The three-year demonstration project proposed the following major goals:

- Identify needs and existing service capacity locally and nationally
- Develop a coordinated and comprehensive array of support services for youth within Bridge, with the ultimate goal of helping individuals obtain employment
- Develop training materials to increase the capacity of providers to respond to the needs of these youth
- Provide technical assistance to several community youth providers in Massachusetts in order to expand the current service system for these youth
- Develop and distribute materials that will facilitate replication of project activities nationally.

The goals for Bridge were: a) to develop staff knowledge and skills; b) to provide opportunities to re-examine program practices and policies; c) identify ways in which Bridge services could be more responsive to and inclusive of youth with varied needs.

Setting the Stage

Research

Two national surveys were undertaken to identify and examine issues about youth with disabilities who are runaway, homeless, or at risk of becoming homeless. One survey focused on Family Youth Service Bureau providers (agencies serving youth), and the other on disability organizations (State Departments of Mental Retardation, UAPs, Protection & Advocacy Organizations, and Developmental Disability Councils). The results of the surveys indicated that 94% of the responding FYSB providers see youth with identified disabilities, and that an estimated 25% of the total population they serve had identified disabilities. Because of limited skills, knowledge, resources, and time, most of these agencies struggle to provide services. The disability organizations' perspective were very different. They had limited awareness of the potential risk or actual experience with homelessness among the people they served. These findings indicated the need for collaboration between youth service providers and disability providers in order to respond to young people with disabilities who have run away or been thrown out of the home, currently slipping through the cracks.

The Change Process

Training

An important part of the Bridge/ICI collaboration was the development of a training curriculum that would increase the capacity of providers to work effectively with youth at risk with disabilities. The FYSB survey indicated a need for training, technical assistance, and resources for staff in providing more responsive services to these youth. Project staff chose to include trainees in the development of the curriculum, and gathered information from staff about what they wanted to know. Ultimately, the topics covered included: "Nuts & Bolts" of Disabilities, Assessment, Accommodation Strategies, and Community Resources.

Training, offered each year of the project, focused on three disability categories: 1) learning disabilities, 2) attention deficit disorder, and 3) mental retardation. Since Bridge staff had many questions about learning and attentional issues, these were incorporated into the training. Mental retardation was also included to help staff understand the distinction between mental retardation and learning disabilities. Because young people with physical and sensory impairments were not often encountered by youth service providers, training did not cover these topics. Additionally, Bridge had a system in place to address the needs of youth with mental health issues and thus, these were not addressed as a part of the training.

Training was intended to upgrade Bridge staff's knowledge of disabilities, but it did so by focusing on the strengths and capacities of individuals, using a resiliency model. Staff were encouraged to think about youth at-risk in different ways. For example:

1. To examine the strengths, interests and past successes of the youth; and acknowledge assets.
2. To explore ways the individual could contribute to the organization or project and thus increase the youth's enrollment. (Project examples of youth involvement included: participating in the Project

BEST COPY AVAILABLE

Advisory Committee, serving as a consultant to the project, attending staff training to offer a youth perspective in one project activity. Other examples could include: volunteering in the agency on projects, giving tours, assisting with mailings, welcoming a newcomer, etc.)

3. Finally, only after the other steps have been well-implemented, talk about training "weak muscles" or areas of weakness with the individual. It is here where special resources may be introduced; thus acknowledging where support is needed.

Training concluded with strategies for working with youth with disabilities. Strategies for school, work, job search, time management, money management, and independent living were introduced. Staff also discussed strategies for counseling and outreach. This part of the training also considered the types of support and assistance each individual might need, as well as program or service modifications which might be more responsive to individual youth with disabilities.

Case Consultation

A case consultation model was developed in which ICI staff offered feedback, suggestions, and resource recommendations to Bridge staff who identified youth with known or suspected disabilities. The permission of the youth to be discussed always was obtained. The consultation meeting was attended by representative staff from all Bridge components working with the youth. Staff members raised questions and concerns about the youth, offered a case history (living situation, academic and work history, mental health status, and family background), and shared observations. Included in the discussion was an overview of the youth's strengths, abilities, interests, and goals. The next step was a discussion of "action steps." Written summaries of ideas generated for working with the youth, as well as suggestions for community support were distributed to staff. This process created a forum for sharing ideas and experiences among all staff concerned with an individual client. Many new strategies were generated by staff members themselves. Bridge management began exploring ways for case consultations to continue beyond the duration of the project.

Advisory Committee

In an effort to increase the quantity and quality of connections with outside agencies, representatives from those agencies were invited to contribute their expertise by coming together as an Advisory Committee for the project. Committee members were knowledgeable in: rehabilitation, secondary and post secondary education, mental health, mental retardation, public health, community health, homelessness, and housing. Bridge staff and youth also were members. The Committee met quarterly, and members also became presenters for the ongoing "Seminar Series." There were many benefits to this advisory committee. They helped develop a network of providers and served as a resource to facilitate referrals to outside agencies in a timely way. As committee members became more sensitive to the needs of runaway and homeless youth, they brought that knowledge back to their agencies.

Seminar Series

In an effort to offer staff ongoing learning opportunities, a monthly Seminar Series was established. The format was an hour-long, "brown-bag" lunch discussion on a particular topic identified by staff. The Advisory Committee members helped by presenting on the targeted areas or suggesting presenters. Sample topics included: understanding and using disability supports in post secondary education, understanding an Individualized Educational Plan (IEP) and getting the most out of the IEP meeting, educational reform and its implications, learning disabilities, fetal alcohol syndrome and effects, community mental health supports available, and community rehabilitation projects for people who are homeless. Many of the sessions focused on making better use of existing public systems by explaining eligibility criteria and the referral process, as well as offering suggestions for "shortcuts" to getting the system to work for individuals. Public systems discussed included: vocational rehabilitation, department of mental retardation, department of mental health, public housing, and schools. Both the Advisory Committee and the Seminar Series resulted in helpful information and resources for Bridge staff. Bridge management is exploring ways for these to continue.

Youth Training

An important aspect of the project was to offer youth support on the career/job search process, as well as to have conversations with them about self-determination. A workshop was designed to help youth become more powerful and successful in their own job search. Youth learned how to identify people they know and generated new ways to interact with these individuals to create a job search network. This networking training, interactive in nature, also gave participants an opportunity to practice new skills.

Self-determination training, less formal in nature, came about as a result of difficulties staff encountered when talking with youth about case consultation recommendations. Staff recognized that youth needed help in understanding themselves better. A curriculum geared toward assisting youth in developing self-awareness and self-empowerment was introduced, and Bridge staff used exercises from the curriculum to address some of the issues in a counseling relationship, in a classroom, or in a residential setting. Youth learned about their strengths and abilities as well as their limitations and potential disabilities. While deficits are a part of who they are, they learned to capitalize on their strengths, how to minimize problems, or how to ask for appropriate modifications.

BEST COPY AVAILABLE

Portfolio Project

An outgrowth of staff training, the portfolio project was designed as a safe way for youth to engage in self-reflection. It helped them to build a text that offered an overview of their lives – highlighting important events or accomplishments along the way. Youth and staff worked together to design a "book" in which each page represented each year of their lives. Pictures, photographs, and magazine cut-outs all were used to create an autobiographical account. This text was particularly useful because it helped participants confront and acknowledge "break-downs" and "break-throughs" in their lives and share this knowledge with those they trusted.

The portfolio project facilitated communication between youth and staff. One staff member involved in the portfolio project said the experience enriched her counseling relationship with clients who developed portfolios. Another benefit was that the portfolios facilitated communication between youth and their family members, as they asked family for help with recollections of early childhood events. Several staff expressed an interest in continuing the portfolio project.

Outcomes

The Bridge / ICI collaboration was able to accomplish some significant results:

- Staff learned to focus less on disabilities, and more on individualized approaches for youth
- Communication improved among staff and across service components within the agency
- Staff's need for case consultation decreased over time as their problem-solving skills, internal communication, and access to more outside resources improved
- Better linkages were developed among related but divergent services
- Youth increased self-awareness regarding their assets and liabilities, and improved their capacity to pursue jobs/careers using a personal networking approach
- The portfolio, a portable tool for the youth, was developed along with an accompanying video illustrating project implementation
- Staff demonstrated a willingness to utilize a variety of strategies for working with youth
- A monthly Seminar Series for staff was created to increase access to resources in the community and information on specific topics
- Agency policies and services were examined and became more responsive and inclusive of all youth
- Youth were empowered to become more involved in developing their skills, knowledge and capacity to take charge in their lives.

Learnings

The Bridges To Inclusion Project also developed more knowledge that may be applied nationally in community social services to youth at-risk. Some further knowledge acquisition emerging from this project is summarized below in this last section.

1. National survey findings demonstrated a identified prevalence of issues of disabilities among youth at-risk for running away. The need for better understanding of disabilities among direct service providers working with these youth was documented.
2. Frequently, answers to questions about working with youth came from staff problem-solving and communication. Staff learned to look at each individual's strengths, hopes and dreams to develop an individualized approach to working together.
3. Identification of capacities and resiliency was strengthened as the way to establish positive working relationships with youth who are runaway, homeless or at risk. These individuals often come from unstable backgrounds with little continuity in their home, school and work lives. The danger in looking at the problems or looking for disabilities among these youth rather than abilities is that the relationship begins on a negative footing. This negativity often is what the client might want most to avoid.
4. Staff who began to look at youth in new ways acknowledged they looked at themselves in new ways as well. Frequently, changes for individuals who are recipients of services flow from changes in those in positions to deliver the services or supports.

For More Information on Bridge Over Troubled Waters, Inc.,contact:

Barbara Whelan, Executive Director
Bridge Over Troubled Waters, Inc. 47 West Street
Boston, MA 02111 (617) 423-9575

Case Study Developed By:

Cecilia Gandolfo
Institute for Community Inclusion (UAP)
Center On Promoting Employment (RRTC)
Children's Hospital
300 Longwood Avenue
Boston, Massachusetts 02115
(617) 355-5612
gandolfo_c@a1.tch.harvard.edu

ICI
INSTITUTE FOR COMMUNITY INCLUSION

Contributors:

Jean Ciborowski, Sheila Fesko, Kathy Manganaro, Arlene Snyder & Margaret VanGelder

www.childrenshospital.org/ici

This publication is funded by the National Institute on Disability and Rehabilitation Research of the US Department of Education under grant number H133B30067. The opinions contained in this publication are those of the grantee and do not necessarily reflect those of the US Department of Education. This research was supported, in part, by cooperative agreement # 90DN0032, from the Administration on Developmental Disabilities, Administration for Children and Families, Department of Health and Human Services. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration on Developmental Disabilities policy.

BEST COPY AVAILABLE